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Application Data Sheet 37 CFR 1					Attorney Docket Number				SAND-01135US0 (MA-108)				
Application Data offeet 37 Of K 1				1.70	Application Number				10/681,509				
Title o	Title of Invention METHOD OF UNIFORM SEEDING TO CONTROL GRAIN AND DEFECT DENSITY OF CRYSTALLIZED SILICON FOR USE IN SUB-MICRON THIN FILM TRANSISTORS										ZED		
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	ant Authority	/   Inventor	OLega	l Repre	esentati	ve und	der 35	U.S.C. 11	7	Party of In	terest under 35 U.S.	C. 118	
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	James	M.	M.					Cleeves					
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Mailing Address of Applicant:													
Addres	Address 1 551 Summit Drive												
Address 2													
City	City Redwood City State/Province CA												
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All Inventors Must Be Listed - Additional Inventor Information blocks may be generated within this form by selecting the <b>Add</b> button.													
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Application Data Sheet 37 CFR 1.76			A	ttorney Docke	t Number	SAND-01135US0 (MA-108)					
			Aı	Application Number		10/681,509					
Title of Invention	METHOD OF LINIFORM SEEDING TO CONTROL CRAIN AND DEFECT DENSITY OF CRYSTALLIZED										
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Application In	form	ation:									
Title of the Invent	ion	1	METHOD OF UNIFORM SEEDING TO CONTROL GRAIN AND DEFECT DENSITY OF CRYSTALLIZED SILICON FOR USE IN SUB-MICRON THIN FILM TRANSISTORS								
Attorney Docket N	lumber	SAND-01135US0 (N	SAND-01135US0 (MA-108) Small Entity Status Claimed								
Application Type		Nonprovisional									
Subject Matter		Utility									
Suggested Class	(if any)				Sub Class	s (if any)					
Suggested Techno	ology C	enter (if any)									
Total Number of D	rawing	Sheets (if any)	5		Suggeste	d Figure fo	r Publication (	if any)			
Publication Inform	nation:										
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Application Data Sheet 37 CFR 1.76 Application Number 10/681/509  Title of Invention METHOD OF UNIFORM SEEDING TO CONTROL GRAIN AND DEFECT DENSITY OF CRYSTALLIZED SILLCON FOR USE IN SUB-MICRON THIN FILM TRANSISTORS  This section allows for the applicant to claim benefit of foreign priority and to identify any prior foreign application for which priority is not claimed. Providing this information in the application data sheet constitutes the claim for priority as required by 35 U.S.C. 119(b) and 37 CFR 1.55(a).  Remove Application Number Country Parent Filing Date (YYYY-MM-DD) Priority Claimed Country Parent Filing Date (YYYY-MM-DD) Priority Claimed Country Priority Data may be generated within this form by selecting the Add button.  Assignee Information:  Providing this information in the application data sheet does not substitute for compliance with any requirement of part 3 of Title 37 of the CFR to have an assignment recorded in the Office.  Assignee 1  If the Assignee is an Organization check here.  Prefix Given Name Middle Name Family Name Suffix  Mailing Address Information:  Address 1  Address 2  City State/Province  Country Phone Number Fax Number  Email Address  Additional Assignee Data may be generated within this form by selecting the Add button.  Assignature:  A signature of the applicant or representative is required in accordance with 37 CFR 1.33 and 10.18. Please see 37 CFR 1.4(d) for the form of the signature.  First Name Pamela Last Name Squyres Registration Number 52246	Annlication	on Data	37 CED 1 76	Attorney Docket Number			SAND-01135US0 (MA-108)				
This section allows for the applicant to claim benefit of foreign priority and to identify any prior foreign application for which priority is not claimed. Providing this information in the application data sheet constitutes the claim for priority as required by 35 U.S.C. 119(b) and 37 CFR 1.55(a).    Remove	Application	on Data	37 01 10 1.70	Application Number			10/681,509				
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Additional Foreign Priority Data may be generated within this form by selecting the Add button.  Assignee Information:  Providing this information in the application data sheet does not substitute for compliance with any requirement of part 3 of Title 37 of the CFR to have an assignment recorded in the Office.  Assignee 1  If the Assignee is an Organization check here.  Prefix Given Name Middle Name Family Name Suffix  Mailing Address Information:  Address 1  Address 2  City State/Province  Country i Postal Code  Phone Number Fax Number  Email Address  Additional Assignee Data may be generated within this form by selecting the Add button.  Signature:  A signature of the applicant or representative is required in accordance with 37 CFR 1.33 and 10.18. Please see 37 CFR 1.4(d) for the form of the signature.  Signature /Pamela J. Squyres/ Date (YYYY-MM-DD) 2006-12-22	Applicati	on Numbe	er	Country	y i	Parent Fili	ng D	ate (YYYY-MM-DD)	Priority Claimed		
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Prefix Given Name Middle Name Family Name Suffix  Mailing Address Information:  Address 1  Address 2  City State/Province  Country i Postal Code  Phone Number Fax Number  Email Address  Additional Assignee Data may be generated within this form by selecting the Add button.  Signature:  A signature of the applicant or representative is required in accordance with 37 CFR 1.33 and 10.18. Please see 37 CFR 1.4(d) for the form of the signature.  Signature /Pamela J. Squyres/ Date (YYYY-MM-DD) 2006-12-22	Assignee 1										
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	First Name Pamela Last Name				Squyres			Registration Number 52246			

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